FORM D

170

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

OMB NUMBER:

RECEIVED

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Serial

May 31, 2005

OMB APPROVAL

Estimated average burden

Prefix

2 7 200 SEC USE ONLY

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION 202
SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Net Lease Private REIT V-A, Inc. - Series B Preferred Stock Filing Under (Check box(es) that apply): **Rule 504** Rule 505 × Rule 506 Section 4(6) Type of Filing: X New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Net Lease Private REIT VA, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 8080 N. Central Expressway, Suite 1080, Dallas, Texas 75206 214-363-5620 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) 8080 N. Central Expressway, Suite 1080, Dallas, Texas 75206 214-363-5620 Brief Description of Business Real estate investment trust Type of Business Organization JAN 03 200 × corporation limited partnership, already formed other (please specify): Trust business trust limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: 2 X Actual 0 4 Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Check Box(es) that Apply:	Promoter	Beneficial Owner	× Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if	individual					
Michael J. Baucus						
Business or Residence Address	s (Number and S	treet, City, State, Zip C	ode)			
707 Lake Cook Road, Suite 1	06, Deerfield, II	inois 60015				
Check Box(es) that Apply:	Promoter	Beneficial Owner	× Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if	individual)					
Peter S. Carlsen						
Business or Residence Address	s (Number and S	treet, City, State, Zip C	ode)			
8080 N. Central Expressway,	, Suite 1080, Dal	las, Texas 75206				
Check Box(es) that Apply:	Promoter	Beneficial Owner	X Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if	individual)					
Meredith S. Hardy						
Business or Residence Address	•	• • •	ode)			
301 Congress, Suite 320, Aus						
Check Box(es) that Apply:	Promoter	Beneficial Owner	X Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if	individual)					
Paul M. Robshaw						
Business or Residence Addres			ode)			
301 Congress, Suite 320, Aus			F .: 0.00	D'	0 1 1/	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if	individual)					
Business or Residence Addres	a (Number and S	tract City State 7in C	(ada)			
business of Residence Addres	s (Number and S	treet, City, State, Zip C	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if	individual		· · · ·			
Business or Residence Addres	s (Number and S	treet, City, State, Zip C	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if	individual)					
Business or Residence Addres	s (Number and S	treet, City, State. Zip C	ode)			
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				В. І	NFORMA	TION ABO	OUT OFFE	RING					
									<u> ,</u>	-		Yes	No
1. Has the iss	uer sold, or	does the iss									****************		×
			Answer a	lso in Appe	endix, Colui	nn 2, if filii	ng under UI	LOE.					
2. What is the	minimum	investment t	hat will be	accepted fr	om any ind	ividual?						\$	NA
2. ************************************	, minimum ann	in vestment		accepted in	oni any ma		••••••			••••••	***************************************	Ψ	
3. Does the of	ffering perm	nit joint own	ership of a	single unit	?							Yes	No
	0.1	•	•	J								×	
4. Enter the in	nformation	requested fo	r each pers	on who has	been or wi	Il be paid o	or given, dir	ectly or ind	irectly, any	commissio	n or similar		
renumerati	on for solic	itation of pu	ırchasers in	connection	with sales	of securitie	s in the off	ering. If a _l	person to be	e listed is an	n associated		
_	_	oker or dea	_										
•		o be listed a		ed persons	of such a b	roker or de	aler, you m	ay set forth	the inform	ation for th	at broker or	•	
dealer only		N/A											
Full Name (Las	t name first	, if individu	al)										
Business or Res	sidence Add	ress (Numb	er and Stree	et, City, Sta	te, Zip Cod	e)		· · · · · · · · · · · · · · · · · · ·					
		•			•	,							
NI 0.4													
Name of Assoc	iated Broke	r or Dealer											
States in Which	Person Lis	ted Has Sol	icited or Int	ends to Sol	icit Purchas	sers		· · · · · · · · · · · · · · · · · · ·				-	
/C! 1 !! A!	11.00	1 1 2 12		`									11.0
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO	1
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name (Las	it name first	, ir individu	ai)										
•													
Business or Res	sidence Add	lress (Numb	er and Stree	et, City, Sta	te, Zip Cod	le)							
Name of Assoc	iated Broke	r or Dealer											
Name of Assoc	патец втоке	r or Dealer											
States in Which	Person Lis	ted Has Sol	icited or Int	ends to Sol	icit Purchas	ers							
(Check "A	11 States!! or	check indiv	ridual State	a)									All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI] Full Name (Las	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
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Business or Res	sidence Add	iress (Numb	er and Stre	et, City, Sta	ite, Zip Cod	ie)							
Name of Assoc	iated Broke	r or Dealer											
States in Which	Person Lis	ted Has Sol	icited or Int	ends to Sol	icit Purchas	sers							
د محدر													
	_	check indiv		•									All States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]	_
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate		
	in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ 27,120,000	\$ <u>27,120,000</u>
	× Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$ <u>27,120,000</u>	\$ <u>27,120,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
	A 15 AV	Investors	Of Purchases
	Accredited Investors	55	\$ <u>27,120,000</u>
	Non-accredited Investors	0	\$ <u>0</u>
	Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE.	0	\$ <u>0</u>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering	Type of	Dollar Amount
	Rule 505	Security	Sold \$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		X \$ <u>25,000</u>
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Blue sky filing fees		X \$ 3,300
	Total		\$ 28,300
			· <u> </u>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFFERING PRICE, NUMBER (OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
b. Enter the difference between the aggregate offering price total expenses furnished in response to Part C - Question proceeds to the issuer."	on 4.a. This difference is the "adjusted gross		\$ <u>27,091,700</u>
5. Indicate below the amount of the adjusted gross proceeds to the the purposes shown. If the amount for any purpose is not know left of the estimate. The total of the payments listed must equal forth in response to Part C - Question 4.b above.	wn, furnish an estimate and check the box to the	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		\$	\$
Purchase of real estate		\$	\$
Purchase, rental or leasing and installation of machinery and equipment of the state of the stat	nent	\$	\$
Construction or leasing of plant buildings and facilities		\$	\$
Acquisition of other businesses (including the value of securities in exchange for the assets or securities of another issuer pursuant to a		\$	\$
Repayment of indebtedness		\$	\$
Working capital		\$ <u>27,091,700</u>	\$
Other (specify):		\$	\$
		\$	\$
Column Totals		\$ <u>27,091,700</u>	\$ <u>0</u>
Total Payments Listed (column totals added)		\$ <u>27,</u> (<u>991,700</u>
D.	FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undersig constitutes an undertaking by the issuer to furnish to the U.S. S furnished by the issuer to any non-accredited investor pursuant to p	Securities and Exchange Commission, upon writ		
Net Lease Private REIT V-A, Inc.	gnature 1831	Date Decembe	er 21, 2004
Name of Signer (Print or Type) Ti	tle of Signer (Print or Type) esident YPUSWCV		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No X
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Net Lease Private REIT V-A, Inc.		December 21, 2004
Name (Print or Type)	Title (Print or Type)	
Peter S. Carlsen	President Veasurer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	Intend to non-ac investors (Part B-	to sell ecredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ		X		2	\$625,000	0			X	
AR										
CA		X		4	\$2,300,000	0			X	
СО	-									
СТ										
DE					····			,		
DC								<u> </u>		
FL										
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1	Intend to non-a investors	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 5 Disqualific under State (if yes, at explanati amount purchased in State (Part C-Item 2) (Part E-It			lification ate ULOE , attach ation of granted)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NH									
NJ									
NM		_							
NY		X		1	\$450,000	0			X
NC				_					
ND									
ОН		X		1	\$150,000	0			X
OK									
OR									
PA									
RI				_					
SC							_		
SD		_				-,	-		
TN		X		1	\$150,000	0			X
TX		X		30	\$14,680,000	0			X
UT									
VT							-		
VA									
WA							<u>.</u>		
WV		_							
WI									
WY									
PR		X		1	\$300,000	0	_		X